

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES  
**ALLIED HEALTH VERIFICATION**  
for 20-hour Kansas Home Health Aide Certification

Complete this form and attach the following:

- < **copy** of identification with current name & social security number (such as driver=s license, social security card)
- < an application fee of \$20.00 (check or money order)
- < **an OFFICIAL** transcript from **current** training program or a copy of professional license (if expired, must be within the last 24 months)

**All fees are NOT refundable**

**Candidate Information**

Name \_\_\_\_\_  
Last First MI Other (maiden/surname)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_ Male \_\_\_\_ Female

Address \_\_\_\_\_  
Street City State Zip

Phone Number Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_ Preferred Method of Approval Letter: \_\_\_\_ Mail \_\_\_\_ Email

**Please mark the highest level of education received:**

\_\_\_\_(N) No high school      \_\_\_\_ (D) Diploma Nurse (RN)      \_\_\_\_ (M) Master's Degree  
\_\_\_\_ (H) High school diploma or GED      \_\_\_\_ (A) Associate Degree      \_\_\_\_ (E) Education Specialist  
\_\_\_\_ (L) Licensed Practical Nurse      \_\_\_\_ (B) Bachelor's Degree \_\_\_\_ (P) PhD

**Check which applies (a suspended or revoked licensure will make you ineligible for the test):**

Training		Licensure
____ RN	<u>OR</u>	____ RN State
____ LPN		____ LPN State
____ LMHT		____ LMHT State

**Check Test Site Preference:** (Please check the appropriate site):

____ Andover	____ Concordia	____ Hutchinson	____ Lawrence	____ Parsons	____ Wichita/WSU Tech
____ Atchison	____ Dodge City	____ Independence, KS	____ Lenexa	____ Pratt	____ Winfield
____ Beloit	____ Emporia	____ Iola	____ Liberal	____ Salina	
____ Burlingame	____ Fort Scott	____ Junction City	____ Manhattan	____ Topeka	
____ Chanute	____ Garden City	____ KC KS Community College	____ Merriam	____ Wichita/Allied	
____ Coffeyville	____ Great Bend	____ KC KS Delores Homes	____ Olathe	____ Wichita/Bethel	
____ Colby	____ Hays	____ KS KS Donnelly	____ Pittsburg	____ Wichita/NAU	

**Candidate's Signature**

I do hereby attest that the information supplied in this application and any attachments is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments. *I have attached a **copy** of an identification document with my current name, social security number, and an official transcript or copy of professional license.*

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

Return this form and attachments to: Health Occupations Credentialing, KDADS  
612 S Kansas  
Topeka KS 66603-3865

\_\_\_\_\_

Candidate, **please note:**

1. You must present two forms of identification, with one being picture I.D., to be admitted to test.
2. You must be able to provide your social security number on the test for identification.
3. **YOU MUST BE ON TIME.**
4. If you are late, or fail to appear for your scheduled test, you must call (785) 296-1250 to request a rescheduling form which requires an additional fee of \$20.00.
5. You will receive an Approval to Test notice that will allow a home health agency to employ you as a Trainee II for a single three month period beginning on the approval date.
6. Home health aide certificates are issued to those who achieve a score of at least 22 on the home health aide test.
7. The home health aide test may be taken **only one time** based on training or licensure. Any candidate who fails the test on the first attempt **must enroll in a state-approved training course**. You then have two remaining opportunities to pass the test within one year from the approval date designated above.

Web site: [www.kdads.ks.gov/hoc](http://www.kdads.ks.gov/hoc)